



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230449
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1230449

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

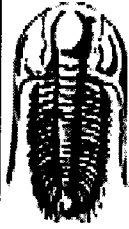
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Red Oak Energy Inc.
7701 E Kellogg Dr STE 710
Wichita KS 67207
ATTN: Pat Deenihan

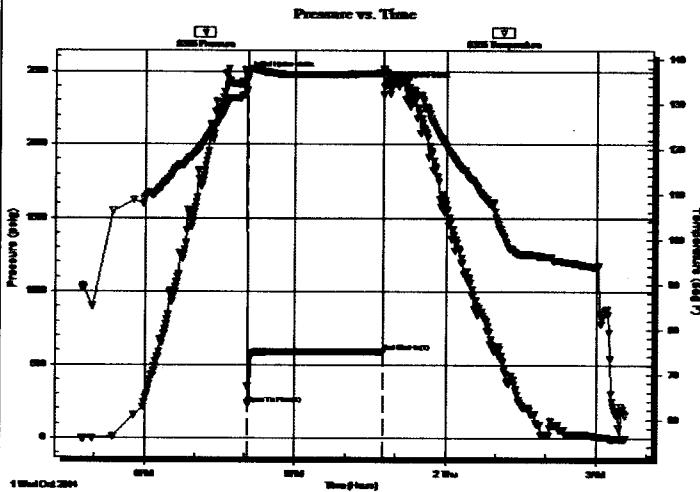
1 15s 41w Wallace, KS
Smith HF Unit #1
Job Ticket: 57441 **DST#: 1**
Test Start: 2014.10.01 @ 16:45:00

GENERAL INFORMATION:

Formation: **Morrow**
Deviated: No Whipstock: 0.00 ft (KB)
Time Tool Opened: 20:03:00
Time Test Ended: 03:34:00
Test Type: Conventional Bottom Hole (Initial)
Tester: Bradley Walter
Unit No: 69
Interval: **4898.00 ft (KB) To 4953.00 ft (KB) (TVD)**
Reference Elevations: 3728.00 ft (KB)
Total Depth: 4953.00 ft (KB) (TVD) 3714.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 14.00 ft

Serial #: 8365 Inside
Press@RunDepth: 587.03 psig @ 4899.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.10.01 End Date: 2014.10.02 Last Calib.: 2014.10.02
Start Time: 16:45:05 End Time: 03:34:00 Time On Btm: 2014.10.01 @ 20:01:45
Time Off Btm: 2014.10.01 @ 22:46:00

TEST COMMENT: IF: Tool slid 15 feet and took on mud - 8" blow, receded and died.
IS: No return.
FF: No blow.
FSI: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2470.47	133.10	Initial Hydro-static
2	231.94	135.92	Open To Flow (1)
163	587.03	136.95	End Shut-In(1)
165	2399.80	137.48	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
330.00	Mud 100m (thick coagulated)	1.62

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

ALLIED OIL & GAS SERVICES, LLC 063956

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Crater Bend

DATE <u>9-26-14</u>	SEC. <u>1</u>	TWP. <u>15</u>	RANGE <u>41</u>	CALLED OUT	ON LOCATION <u>12 Am</u>	JOB START <u>9 Am</u>	JOB FINISH <u>4:30 Am</u>
LEASE <u>Smith HF</u>	WELL # <u>1</u>	LOCATION <u>Sherran Springs - 85 Sw</u>			COUNTY <u>Willace</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Wildcat

TYPE OF JOB Service

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 DEPTH 397

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 42.13

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 22.66 bbl H2O

EQUIPMENT

PUMP TRUCK CEMENTER Josh Isaac

395 HELPER Brian Long

BULK TRUCK

815-287 DRIVER Don Salinas (TWS)

BULK TRUCK

DRIVER

OWNER

CEMENT

AMOUNT ORDERED 350.5x Class A 3 1/2" 2x gel

COMMON 350 @ 17.90 6,265.00

POZMIX @

GEL 658 @ .50 329.00

CHLORIDE 987 @ 1.10 1,085.70

ASC @

Materials Total 7,679.70

Disc 23% 1,766.33

HANDLING 378.47 @ 2.48 938.61

MILEAGE 17.27 x 65 x 2.75 3,087.61

REMARKS:

On location - Rig up - had softening
from 8 5/8 casing - Break circulation
pump 5221 H2O
mix 350.5x Class A 3 1/2" 2x gel
Drop plug
Displace 22.66 bbl H2O
Shut in
Cement did circulate
Rig down

CHARGE TO: Red Oak Energy

STREET

CITY STATE ZIP

DEPTH OF JOB

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @

MILEAGE Hum 65 @ 7.70 500.50

MANIFOLD @

Lum 65 @ 4.40 286.00

Wait Time - 3 hrs @ 440.00 1,320.00

TOTAL 7,644.37
Disc 23% 1,758.21

PLUG & FLOAT EQUIPMENT

Battel Plate @ 320.00 320.00

Rubber Plug @ 131.00 131.00

Centralizer @ 75.00 75.00

@

@

TOTAL 524.00
Disc 0%

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Rob Big Klipsa

SIGNATURE X [Signature]

Thank you!

SALES TAX (If Any)

TOTAL CHARGES 15,850.07

DISCOUNT 3,524.54 (23/2310) IF PAID IN 30 DAYS

12,325.53

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 17, 2015

Rusty C Mourning
Red Oak Energy, Inc.
7701 E KELLOGG DR STE 710
WICHITA, KS 67207-1738

Re: ACO-1
API 15-199-20422-00-00
Smith-HF Unit 1
NE/4 Sec.01-15S-41W
Wallace County, Kansas

Dear Rusty C Mourning:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/25/2014 and the ACO-1 was received on April 17, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department